

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/806,767
Filing Date	March 23, 2004
First Named Inventor	Yuko Nishikawa
Art Unit	2426
Examiner Name	Joshua D. Taylor

Sheet

1

of

1

Attorney Docket No: 81235 7114

US PATENT DOCUMENTS

Examiner Initial *	Cite No	Document Number	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
J.T.J		20030126600	Jul 3, 2003	Heuvelman, Jeroen	
J.T.J		20050102696	May 12, 2005	Westberg, Thomas E.	
J.T.J		7159177	Jan 2, 2007	Billmaier et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T*

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T*
J.T.J		Non Final Office Action from 10806876 mailed 03/17/2009 (81234)	
J.T.J		Non Final Office Action from 10806830 mailed 04/02/2009 (81233)	
J.T.J		Final Office Action from 10806832 mailed 04/01/2009 (81205)	
J.T.J		Final Office Action from 10806713 mailed 04/24/2009 (81231)	

EXAMINER

/Joshua Taylor/

DATE CONSIDERED

05/15/2009

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Delete line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional) * Applicant is to place a check mark here if English language Translation is attached